

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,

Plaintiff

v.

ROWLAND MARCUS ANDRADE,

Defendant

CASE No. 3:20-cr-00249-RS-1

**DEFENDANT'S REPLY TO GOV.
OPP. MOTION FOR ADMIN RELIEF
TO EXTEND SURRENDER DATE
AND NINTH CIRCUIT UPDATE**

Judge: Hon. Richard Seeborg

EXHIBIT - A

DECLARATION OF JOHN M. PIERCE

1 John M. Pierce (Bar No. 250443)
2 jpierce@johnpiercelaw.com
JOHN PIERCE LAW P.C.
3 21550 Oxnard Street, 3rd Floor
Woodland Hills, CA 91367
Tel. (321) 961-1848

4
5 Attorneys for Defendant
ROWLAND MARCUS ANDRADE

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8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE NORTHERN DISTRICT OF CALIFORNIA

10
11 UNITED STATES OF AMERICA,
12 Plaintiff,
13 v.
14 ROWLAND MARCUS ANDRADE,
15 Defendant.

Case No. 3:20-CR-00249-RS

**DECLARATION OF JOHN PIERCE
ISO DEFENDANT'S REPLY TO GOV.
OPP. MOTION FOR
ADMINISTRATIVE RELIEF TO
EXTEND SURRENDER DATE AND
NINTH CIRCUIT UPDATE**

16 Judge: Hon. Richard Seeborg
17

18
19 DECLARATION OF JOHN M. PIERCE

20 This declaration incorporates by reference all the facts set forth in the previous
21 declarations filed at docket numbers **788-1** and **808-2**. I, John M. Pierce, hereby declare as
22 follows:

- 23
24 1. I am counsel of record for Defendant Rowland Marcus Andrade in the above-entitled
25 action and submit this declaration based on personal knowledge obtained through my
26 direct representation of Mr. Andrade, review of relevant case materials, and

1 communications with him and his medical providers. If called as a witness, I could
2 and would testify competently thereto.

- 3 2. If the request to extend the surrender date is denied, counsel requests at least twenty-
4 one (21) days from the self-surrender date to locate and consult with specialized
5 counsel experienced in national security, CIA-related matters, and CIPA proceedings,
6 in order to file an expedited appeal in accordance with Ninth Circuit rules and to allow
7 the Ninth Court sufficient time to review the motion before Mr. Andrade's
8 imprisonment. Counsel doesn't have the necessary skill set to address these
9 specialized issues.
- 10 3. At worst, Counsel will need to file an emergency temporary stay request with the
11 Ninth Circuit for 21 days after January 9, 2026, to appeal the denial of the stay.
12 Therefore, Counsel requests limited assistance to avoid wasting unnecessary Ninth
13 Circuit judicial resources.
- 14 4. On Friday, December 8, 2025, counsel informed the government that an extension was
15 being requested through the due date of the appellate opening brief for medical
16 reasons, to comply with Ninth Circuit-imposed deadlines, and to allow Mr. Andrade
17 to meaningfully assist appellate counsel. The government declined and stated that it
18 had not even received Mr. Andrade's medical records, giving the impression that it
19 was acting in good faith.
- 20 5. The following Monday, counsel provided the government with nearly thirty pages of
21 medical records and again requested that the government propose an alternative
22 extension date so the parties could stipulate. Counsel also emphasized that time was of
23 26

1 the essence in the event the Court denied the motion in full, as sufficient time would
2 be needed to prepare and file an emergency appeal with the Ninth Circuit. The
3 government did not respond.

4 6. Then on Tuesday, counsel filed the present motion seeking a more limited extension
5 of forty-five (45) days from the date Mr. Andrade retains appellate counsel. This
6 extension would allow Mr. Andrade to assist new counsel in preparing pre-briefing
7 motions, support the preparation of the opening brief, undergo scheduled surgeries,
8 continue medical testing for what physicians believe may be a chronic case of Angina
9 Pectoris, and comply with the Ninth Circuit's deadlines. Counsel again requested that
10 the government propose an extension date after filing this motion, but no response was
11 received.

12 7. I hereby confirm that the communications on **Exhibit A** attached to this Declaration
13 are true and accurate communications between the government and Counsel. Some of
14 Mr. Andrade's medical records that were provided to the government are also included
15 within this exhibit. The report contains PIN and PII information and those sections are
16 redacted.

17 I declare under penalty of perjury under the laws of the United States that the foregoing is
18 true and correct. Executed on December 24, 2025.

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/s/ John M. Pierce

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FOR THE NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,

Plaintiff

v.

ROWLAND MARCUS ANDRADE,

Defendant

CASE No. 3:20-cr-00249-RS-1

**DEFENDANT'S REPLY TO GOV.
OPP. MOTION FOR ADMIN RELIEF
TO EXTEND SURRENDER DATE
AND NINTH CIRCUIT UPDATE**

Judge: Hon. Richard Seeborg

EXHIBIT A of the Declaration of John M. Pierce

Communications between the government and counsel. Some of Mr. Andrade's medical records that were provided to the government are also included in this exhibit.

RE: Update on Andrade's Medical Status and Request for Stipulation

From John Pierce <jpierce@johnpiercelaw.com>

To Highsmith, Christiaan (USACAN) <[REDACTED]>

CC [REDACTED], Beausey, Karen (USACAN) <[REDACTED]>
[REDACTED] canp.uscourts.gov

Date Tuesday, December 16th, 2025 at 4:37 PM

Hi Chris,

I went ahead and filed the motion to extend the surrender date, as I will be out for the next few days. As you may have seen, the Court has directed the government to file a response by December 23.

I plan to contact the Court later today or tomorrow morning to request permission to file a reply and to propose a revised briefing schedule, with your response due by December 20 and my reply due by December 22. Please let me know whether that timing works for you.

As mentioned previously, I also need to preserve adequate time to seek Ninth Circuit review should the district court deny the motion. I remain willing to stipulate if we can reach agreement.

Thank you,

John

Hi Chris,

I understand that you have concerns, and for good cause, I do as well. Specifically, I am concerned about the prosecution's interference with my client's ability to meet the deadlines set by the Circuit Court to retain specialized counsel, as well as the retaliation he is facing from members of the prosecution team. Both the District Court and Ninth Circuit records reflect the need for specialized counsel, and the supporting arguments were pleaded with specificity (9th Cir. Dkt. 33).

In deciding whether to stipulate to an extension, the government should consider whether the request is constitutionally justified and whether it is independently warranted for medical reasons. Andrade's request related to surgery is not new. Both the District Court and the government were aware that he had not yet received a surgery date and that he was working toward obtaining one this month (D.C. Dkt. 788 at p. 2:2–19). The only new development is the Angina Pectoris. Relevant medical records are attached.

Given your concern about delay, please let me know how much time you believe would be sufficient for Mr. Andrade to meet the Ninth Circuit's deadline and to work effectively with new appellate counsel once retained. I

RE: Update on Andrade's Medical Status and Request for Stipulation

From John Pierce <jpierce@johnpiercelaw.com>

To Highsmith, Christiaan (USACAN) [REDACTED]

CC [REDACTED] Beausey, Karen (USACAN)
[REDACTED] canp.uscourts.gov

Date Monday, December 15th, 2025 at 11:32 AM

Hi Chris,

I understand that you have concerns, and for good cause, I do as well. Specifically, I am concerned about the prosecution's interference with my client's ability to meet the deadlines set by the Circuit Court to retain specialized counsel, as well as the retaliation he is facing from members of the prosecution team. Both the District Court and Ninth Circuit records reflect the need for specialized counsel, and the supporting arguments were pleaded with specificity (9th Cir. Dkt. 33).

In deciding whether to stipulate to an extension, the government should consider whether the request is constitutionally justified and whether it is independently warranted for medical reasons. Andrade's request related to surgery is not new. Both the District Court and the government were aware that he had not yet received a surgery date and that he was working toward obtaining one this month (D.C. Dkt. 788 at p. 2:2–19). The only new development is the Angina Pectoris. Relevant medical records are attached.

Given your concern about delay, please let me know how much time you believe would be sufficient for Mr. Andrade to meet the Ninth Circuit's deadline and to work effectively with new appellate counsel once retained. I would appreciate a prompt response, as it is necessary to ensure sufficient time to preserve and pursue appellate rights, if required, prior to Mr. Andrade's self-surrender date.

Thank you,
John

Hi John,

No, we will not stipulate. There is significant concern that Mr. Andrade is delaying, and we have not received any medical records.

Sincerely,

Chris

From: John Pierce <jpierce@johnpiercelaw.com>

Sent: Friday, December 12, 2025 8:37 AM

To: Highsmith, Christiaan (USACAN) [REDACTED]

Cc: [REDACTED] Beausey, Karen (USACAN) [REDACTED]

[REDACTED] canp.uscourts.gov

Subject: [EXTERNAL] Update on Andrade's Medical Status and Request for Stipulation

Hi Chris,

Andrade was able to bring his A1C down from 8.7 to 6.9, which finally allowed the VA to clear him for surgery. He has now been scheduled for surgery on January 26, 2025. He had hoped to have the first surgery completed this month, but his surgical team only operates on Wednesdays and their schedule was fully booked.

This left-ankle procedure is a Dwyer osteotomy with anterior capsulotomy and osteophyte excision, performed to correct a cavovarus (high-arched) deformity and address associated structural problems. The surgery involves removing a wedge of bone from the lateral heel to realign the foot, releasing tight tissues at the front of the ankle joint to improve mobility, and removing bone spurs that have been causing pain and limiting motion.

After this surgery, he will be in a cast for approximately six weeks. He will then need a second surgery on his right leg—the same leg where he previously had rods and screws removed—and that procedure will also require a cast.

Additionally, Andrade's doctors noted reduced oxygen flow to his heart (angina pectoris) based on chart review. He has undergone a 2D echocardiogram and is awaiting the results. If further treatment is required, we will attempt to coordinate it either before January 26 or during the recovery periods for his upcoming surgeries.

Separately, Andrade needs time to comply with the 90-day period the Ninth Circuit granted him to retain specialized appellate counsel and to assist counsel in understanding the case before his opening brief is due. For these reasons, I intend to file a motion requesting that his self-surrender date be extended until the date the Ninth Circuit sets for the filing of his appellate opening brief.

Would the government be willing to stipulate to this?

Thanks,

John



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From: Highsmith, Christiaan (USACAN) [REDACTED]
Sent: Friday, December 12, 2025 5:51 PM
To: John Pierce <jpierce@johnpiercelaw.com>
Cc: [REDACTED] Beausey, Karen (USACAN) [REDACTED]
[REDACTED] canp.uscourts.gov
Subject: RE: Update on Andrade's Medical Status and Request for Stipulation

21.89 MB 3 files attached 1 embedded image

image001.png 16.00 KB

Andrade Medical 19780401CP.pdf 2.86 MB

D.C. 788 p.2.pdf 226.55 KB

9th Cir. Dkt.33.pdf 18.79 MB

1 **I. GROUNDS**

2 1. *Compelling Medical Necessity and Continuity of Care*

3 The Court extended Mr. Andrade's self-surrender to October 31, 2025, to allow his
 4 colonoscopy on October 14, 2025. (Pierce Decl. ¶ 2; Andrade Decl. ¶ 2). Independent thereof, he
 5 requires urgent left-ankle surgery for a chronic injury causing excruciating pain and abnormal
 6 gait (left foot bends rightward, forcing him to nearly walk "on his ankle instead of his foot").
 7 (Andrade Decl. ¶ 3).

8 On August 6, 2025, surgeons planned to remove damaged ankle tissue/bone but deferred
 9 for non-surgical treatment (cortisone shot), which failed. (*Id.* ¶ 4; Pierce Decl. ¶ 3). On October
 10 8, 2025, his A1C level which was based off a 3-month average—critical for surgery given
 11 diabetes—was slightly elevated due to V.A. hospital delays in insulin (Novolog) delivery in the
 12 month of August 2025. (Andrade Decl. ¶ 5).

13 Post-consultation with his endocrinologist on October 9, 2025, he was shipped a device
 14 that will allow daily remote monitoring via mobile app to stabilize levels. A retest is set for
 15 November 6, 2025, expected to pass, enabling surgery in November or December 2025 followed
 16 by recovery. (*Id.* ¶¶ 6-7; Pierce Decl. ¶ 4). This extension ensures continuity of outpatient care,
 17 avoids BOP burdens, and aligns with the Court's prior humanitarian accommodation. Mr.
 18 Andrade will promptly update the government and Probation on surgery details. (*Id.* ¶ 8).

19 2. *Case Complexity and Need for Defendant's Assistance in Appellate Preparation*

20 This enormous case spans hundreds of docket entries, voluminous discovery, sealed
 21 financial exhibits, and intricate forfeiture and restitution issues. (Pierce Decl. ¶ 5; Andrade Decl.
 22 ¶ 9). With the recent transition to undersigned counsel, we are communicating with former
 23 counsel to retrieve essential work product. (Pierce Decl. ¶ 5). Mr. Andrade's direct input—

Orthopedic Surgery Preoperative Checklist:NAME: *Rowland M. Andrade*DOS: *1-26-26*

PROCEDURE:

*Left ankle Dwyer Osteotomy
with possible anterior
capsulotomy and osteophyte
excision*

SURGEON:

DY-C

PLEASE NOTE: All preop w/u including(labs,ekg,cxr,dental) that Was not completed prior to preop MUST be completed TODAY.

→ ORTHOPEDIC PREOP APPT DATE:

5C clinic -5th floor

ANESTHESIA SCREENING PREOP APPT DATE:

MAKE AT FRONT DESK

Make an appointment for clinic #1689

→ CHEST XRAY:SECOND FLOOR (ROOM 2C-400)

(BY THE CHAPEL AT THE RED ELEVATOR)

→ LAB – FIRST FLOOR (room1A-180-clinic#1)

Order#

EKG- FIFTH FLOOR- 5C Outpatient Clinic

DENTAL CLINIC: SECOND FLOOR (ROOM, 2A -303)

NA **Only if instructed by Provider**

PRIVATE DDS: PLEASE BRING CLEARANCE LETTER AT PREOP APPT OR

FAX # 713-770-1882: ATTN: ORTHOPEDICS SERVICE

→ PREOP CLASS:SECOND FLOOR (ROOM 2B -301)

Walk in on preop day

PHYSICAL THERAPY/ OCCUPATIONAL THERAPY

if needed

MEDICATIONS:

POST OPERATIVE APPT:

SURGERY INSTRUCTIONS:

Per Anesthesia Guidelines: Ok to drink water up to arrival at hospital.

Do NOT EAT after midnight the night before surgery.

Report to 5th floor NU SH Surgical Ambulatory Care Center (SACC)at the time indicated. A nurse will call you the day before surgery to review instructions and confirm the time of your arrival. If you have not received a call by 8pm, then call to confirm surgery.

For changes to surgery date/preop appt or any other concerns, please contact

713-770-1882 or clinic 713-770-1882

L foot X-ray

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

COMMUNITY CARE-CARE COORDINATION PLAN NOTE

Details

Date entered: November 4, 2025

Location: HOUSTON VAMC

Written by: J██████████ Z██████████

Signed by: J██████████ Z██████████

Date signed: November 4, 2025

Note

LOCAL TITLE: COMMUNITY CARE-CARE COORDINATION PLAN NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: NOV 04, 2025@10:18 ENTRY DATE: NOV 04, 2025@10:18:32

AUTHOR: Z██████████, J██████████ EXP

COSIGNER:

URGENCY: STATUS:

COMPLETED

Community Care Consult: echocardiogram

Consult No: ██████████

HSRM Referral #: ██████████

Chief Complaint: Angina Pectoris, unspecified(ICD-10-CM I20.9)

Patient Admitted? No

Level of Care Coordination

Complex/Chronic

Care Coordination was determined from:

Chart Review

Facility Community Care Office Contact

Care Coordination Point of Contact: OIVC staff

Phone Number: [REDACTED]

Services:

Moderate Care Coordination Services

Case Management, if appropriate

Direct communications with interdisciplinary team

Plan:

evaluation and treatment

duration 60 days

f/u weekly to monthly

/es/ [REDACTED]

RN

Signed: 11/04/2025 10:35

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

HEMOGLOBIN A1C+eAG

If you have questions about these results, send a secure message to your care team.

Details about this test

Date and time collected: November 19, 2025, 3:05 p.m.

Type of test: chemistry_hematology

Site or sample tested: BLOOD

Ordered by: [REDACTED] ME [REDACTED]

Location: HOUSTON.MED.VA.GOV

Lab comments: None recorded

Results

If your results are outside the reference range (the expected range for that test), your results may include a word like "high" or "low." But this doesn't automatically mean you have a health problem.

Your provider will review your results. If you need to do anything, your provider will contact you.

HEMOGLOBIN A1C

Result: 6.9 % (High)

Reference range: 4.2-5.7 %

Status: final

Lab comments: Normal: Less than 5.7%, Prediabetes: 5.7% to 6.4%, Diabetes: 6.5% or higher,"Values obtained from A1C measurements can vary. For typical A1C assays,,a reported value of 7.0 could actually be between 6.7 and 7.3 if,measured by a reference method. A reported value of 9.0 could actually,be between 8.7 and 9.3. Ref: <http://www.ngsp.org/CAPdata.asp>"

Estimated Average Glucose

Result: 151.33 mg/dL

Reference range: See Interpretation mg/dL

Status: final

Lab comments: Estimated Average Glucose (eAG) estimates outside of the 5.0% to 15.0% Hgb A1C range are not calculated since estimations in the non-diabetic range have not been verified.

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

ORTHOPEDIC SURGERY NOTE

Details

Date entered: October 8, 2025

Location: HOUSTON VAMC

Written by: N [REDACTED] GR [REDACTED]

Signed by: N [REDACTED] GR [REDACTED]

Date signed: October 8, 2025

Note

LOCAL TITLE: ORTHOPEDIC SURGERY NOTE

STANDARD TITLE: ORTHOPEDIC SURGERY NOTE

DATE OF NOTE: OCT 08, 2025@15:39 ENTRY DATE: OCT 08,
2025@15:39:15

AUTHOR: L [REDACTED] EXP

COSIGNER:

URGENCY: STATUS:

COMPLETED

ORTHOPEDIC CLINIC NOTE

S: ANDRADE, ROWLAND M is a 47 year-old MALE w/ PMH DM2 (8.7)R ankle fx s/p

ORIF

(10/6/2021) and HWR

(11/22/2022)

now developing posttraumatic arthritis to the right ankle;

also with chronic left ankle pain left ankle sprain many years ago

(calcification of suspected prior deltoid ligament sprain noted on x-ray),

now with varus angulation to left tibiotalar joint

last seen 1 month ago, CSI to L ankle given at that time. Got R ankle CSI

months ago. CSI to R ankle helped significantly, left not as much. Brace to left
ankle not helping much. reports he wants to explore surgical options for left
ankle as it hurts too bad now.

O:

General: NAD

left lower extremity:

Inspection: varus alignment, flexibly correctible

Palpation: TTP at lateral ankle diffusely

Motor: EHL/FHL/GS/TA intact

Sensation: intact to light touch in the saphenous/sural/deep peroneal/superficial peroneal/tibial nerve distributions

Vascular: 2+ DP and PT pulses

ROM:

ankle DF to 10, PF to 40

Imaging:

radiographs of L ankle not weightbearing w/ varus angulation of tibiotalar joint
as noted above

ASSESSMENT/PLAN:

ANDRADE, ROWLAND M is a 47 y/o MALE PMH DM2 (8.7)R ankle fx s/p ORIF

(10/6/2021)

and HWR

(11/22/2022)

now developing posttraumatic arthritis to the right ankle;
also with chronic left ankle pain left ankle sprain many years ago
(calcification of suspected prior deltoid ligament sprain noted on x-ray),

now with varus angulation to left tibiotalar joint

-given his left ankle pain has failed conservative management would be candidate

for dwyer osteotomy to correct varus deformity however patients a1c too high at this time
-weightbearing films ordered today

-RTC when A1C <7 to discuss possible surgical management

/es/ N/ [REDACTED] GF

orthopedic surgery resident

Signed: 10/08/2025 15:43

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

ORTHOPEDIC SURGERY NOTE

Details

Date entered: November 19, 2025

Location: HOUSTON VAMC

Written by: U [REDACTED] G [REDACTED]

Signed by: U [REDACTED] G [REDACTED]

Date signed: November 19, 2025

Note

LOCAL TITLE: ORTHOPEDIC SURGERY NOTE

STANDARD TITLE: ORTHOPEDIC SURGERY NOTE

DATE OF NOTE: NOV 19, 2025@14:38 ENTRY DATE: NOV 19, 2025@14:38:17

AUTHOR: G [REDACTED] U [REDACTED] EXP

COSIGNER:

URGENCY: STATUS:

COMPLETED

Supervising surgeon in Dr. Gr [REDACTED]

S:

47 year-old MALE w/ PMH DM2 (8.7)R ankle fx s/p ORIF (10/6/2021) and HWR (11/22/2022) with posttraumatic arthritis to the right ankle; also with chronic left ankle pain left ankle sprain many years ago

(calcification of suspected prior deltoid ligament sprain noted on x-ray),

now with varus angulation to left tibiotalar joint

He has received a CSI as well as brace to the ankle and seen by Dr.

G [REDACTED]

and offered a Dwyer osteotomy with possible anterior capsulotomy and osteophyte

excision. His A1c previously was too high (8.7) and recent was 7.5 (improving).

He is here to further discuss surgery given improved A1c.

0:

General: NAD

Left Lower Extremity:

Inspection: varus alignment, flexibly correctible

Palpation: TTP at lateral ankle diffusely

Motor: EHL/FHL/GS/TA intact

Sensation: intact to light touch in the saphenous/sural/deep peroneal/superficial peroneal/tibial nerve distributions

Vascular: 2+ DP and PT pulses

ROM:

ankle DF to 10, PF to 40

Imaging:

radiographs of L ankle not weightbearing w/ varus angulation of tibiotalar joint

as noted above

A/P:

47 y/o MALE PMH DM2 (8.7)R ankle fx s/p ORIF (10/6/2021) and HWR (11/22/2022) now developing posttraumatic arthritis to the right ankle;

also with chronic left ankle pain left ankle sprain many years ago (calcification of suspected prior deltoid ligament sprain noted on x-ray),

now with varus angulation to left tibiotalar joint

- reduction in A1c indicative that he may be scheduled
- he is to obtain a repeat A1C and will call Shiny with results
- If A1c is <7 then we can proceed with surgery scheduling
- He was given Shiny's contact and will notify us if his A1c is improved and below 7 and so we can schedule him with Dr. G [REDACTED]

/es/ U [REDACTED] GH [REDACTED]

Signed: 11/19/2025 14:46

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

PHARMACY PRIOR AUTHORIZATION DRUG REQUEST CONSULT

Details

Date entered: October 10, 2025

Location: HOUSTON VAMC

Written by: C [REDACTED] R

Signed by: CH [REDACTED]

Date signed: October 10, 2025

Note

LOCAL TITLE: PHARMACY PRIOR AUTHORIZATION DRUG REQUEST CONSULT

STANDARD TITLE: PHARMACY CONSULT

DATE OF NOTE: OCT 10, 2025@15:57 ENTRY DATE: OCT 10, 2025@15:57:48

AUTHOR: [REDACTED] EXP

COSIGNER:

URGENCY: STATUS:

COMPLETED

The medical record has been reviewed with regard to this prior authorization
drug request.

Prior Authorization consults are valid for one year from the date approved
unless otherwise specified.

Medication requested: SEMAGLUTIDE 2MG/0.75ML INJ PEN 3ML

Medical history relevant to this request:

Patient with a h/o T2DM (a1c 8.7%) - Endocrine requesting to continue

semaglutide as tolerated; in the absence of contraindications (none documented on file) and/or drug-drug interactions. Per Eye Care 10/24/24: Pt w/ severe NPDR OD, PDR OS but 'from an ophthalmology standpoint, no contraindication to semaglutide. Patient follows closely with Eye Care (last visit 5/2025).

The request is approved

- Meets VA Continuity of Care Criteria

Time spent in reviewing this consult:

15 Minutes

/es/ C [REDACTED], BCPS, CDCES, BCACP

Clinical Pharmacy Specialist (HBPC)

Signed: 10/10/2025 16:00

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

Bilateral arthritis of ankle (SCT 1074941000119105)

Date entered: July 1, 2025

Provider: CI [REDACTED]

Location: HOUSTON VAMC

Provider notes: None recorded

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

DRUG SCREEN BASIC

If you have questions about these results, send a secure message to your care team.

Details about this test

Date and time collected: October 24, 2025, 6:25 p.m.

Type of test: chemistry_hematology

Site or sample tested: URINE

Ordered by: T [REDACTED]

Location: HOUSTON.MED.VA.GOV

Lab comments: None recorded

Results

If your results are outside the reference range (the expected range for that test), your results may include a word like "high" or "low." But this doesn't automatically mean you have a health problem.

Your provider will review your results. If you need to do anything, your provider will contact you.

BARBITURATES

Result: NEGATIVE mA/min

Reference range: None recorded

Status: final

Lab comments: Cutoff Concentration: 200 ng/mL, This is a screening test only. Positive results are unconfirmed., Unconfirmed screening results are to be used only for medical,(i.e., treatment) purposes and not for non-medical purposes.This,is a screening test only. Positive results are unconfirmed., Unconfirmed screening results should not be used for non-medical,purposes.

AMPHETAMINES

Result: NEGATIVE mA/min

Reference range: None recorded

Status: final

Lab comments: Cutoff Value Concentration: 1000 ng/mL,This is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results are to be used only for medical,(i.e., treatment) purposes and not for non-medical purposes.,THE PRESENCE OF EPHEDRINE COMPOUNDS IN URINE MAY CAUSE,A FALSE POSITIVE AMPHETAMINE.

COCAINE

Result: NEGATIVE mA/min

Reference range: None recorded

Status: final

Lab comments: Cutoff Concentration: 300 ng/mL,This is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results are to be used only for medical,(i.e., treatment) purposes and not for non-medical purposes.This,is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results should not be used for non-medical,purposes.

BENZODIAZEPINES

Result: NEGATIVE mA/min

Reference range: None recorded

Status: final

Lab comments: Cutoff Concentration: 200 ng/mL,This is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results are to be used only for medical,(i.e., treatment) purposes and not for non-medical purposes.This,is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results should not be used for non-medical,purposes.

CANNABIS

Result: NEGATIVE mA/min

Reference range: None recorded

Status: final

Lab comments: Cutoff Concentration: 50 ng/mL,This is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results are to be used only for medical,(i.e., treatment) purposes and not for non-medical purposes.This,is a screening test only. Positive results are unconfirmed.,Unconfirmed screening results should not be used for non-medical,purposes.

OPiates

Result: NEGATIVE mA/min

Reference range: None recorded

Status: final

Lab comments: Cutoff Concentration: 300 ng/mL, This is a screening test only. Positive results are unconfirmed., Unconfirmed screening results are to be used only for medical,(i.e., treatment) purposes and not for non-medical purposes.This, is a screening test only. Positive results are unconfirmed., Unconfirmed screening results should not be used for non-medical,purposes.

ETHANOL/URINE

Result: NEGATIVE mg/dL

Reference range: None recorded

Status: final

Lab comments: Negative <10 mg/dL,Positive >10 mg/dL
